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DATE January 26, 2007
NAME Examiner Ronald Lancau
COMPANY U.S. Patent and Trademark Office – Group Art Unit 3627
YOUR REF NO. 09/922,753
FAX NUMBER 571-273-8300

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FROM Jason Jackson – Registration No. 56,733
OUR REFERENCE NO. 16178.0001U1
OUR FAX NUMBER 678-420-9301
NUMBER OF PAGES 8 (including this cover page)

Please see attached:

1. Transmittal Letter (2 pages)
2. Notice of Appeal (2 pages)
3. Request for Extension of Time (2 pages)
4. Credit Card Payment Form PTO-2038 in the amount of \$760.00 (1 page)

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JAN 26 2007

ATTORNEY DOCKET NO. 16178.0001U1
PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
Freishtat, et al.) Art Unit: 3627
)
 Application No. 09/922,753) Examiner: Laneau, Ronald
)
 Filing Date: August 6, 2001) Confirmation No. 9573
)
 For: SYSTEMS AND METHODS TO FACILITATE)
 SELLING OF PRODUCTS AND SERVICES)

TRANSMITTAL LETTER

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
 Customer Number 23859

January 26, 2007

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Notice of Appeal | <input checked="" type="checkbox"/> | Request for Extension of Time |
| <input checked="" type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input type="checkbox"/> | Other _____ |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
Total Claims				X \$50.00	\$0.00	
Independent Claims				X \$200.00	\$0.00	
<input checked="" type="checkbox"/> Notice of Appeal				+\$500.00	\$500.00	
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+\$360.00	\$0.00	
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$1020.00
<input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						-\$1520.00
TOTAL FEE DUE						\$760.00

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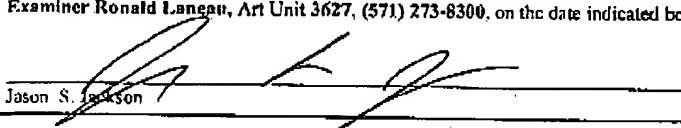
JAN 26 2007

ATTORNEY DOCKET NO. 16178.0001U1
APPLICATION NO. 09/922,753

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$760.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

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Jason S. Jackson
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(678) 420-9301 (fax)**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8**I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to:
Examiner Ronald Langan, Art Unit 3627, (571) 273-8300, on the date indicated below.
Jason S. Jackson1-26-2007
Date